



Policy 635: Emergency Medical Services Misuse

Revision: New
Effective 10/1/22

I. Purpose

- A. The Santa Cruz EMS system is designed to help residents and visitors to obtain prehospital emergency health care in an efficient and timely manner.
- B. Unfortunately, there are small number of persons who misuse these services by repeatedly calling 911 for non-emergency conditions, thereby reducing resources for patients in need of emergency services, evaluation, and transport.
- C. This policy outlines the identification and management of system misusers.

II. Procedure:

A. Identification

- 1. System misusers may come to the attention of the EMS Agency by direct report from provider agencies, hospitals, the CQI system, law enforcement, or analysis of system data.
- 2. A system misuser will be defined as an individual who has accessed the EMS system an average of two times per month over a period of three months (e.g., six or more responses within a 90-day period) when an EMS response has been determined to not be indicated given the patient's chief complaint, acuity level and physical findings.
- 3. The EMS Medical Director and EMS Director shall perform a case-by-case review to determine if the misuser requires further action under this policy. This review will include but is not limited to consideration of the medical necessity for the 911 calls, barriers to care, and patient capacity and decision making.
- 4. While intoxicated patients can present with a spectrum of acuity levels up to and including life threatening presentations, intoxication in and of itself is not an emergency medical condition. Law enforcement-initiated responses will not exempt a patient from revocation of EMS response.
- 5. Exceptions:
 - a) Patient transports where an authorized agent applies a Welfare and Institutions Code 5150 will not be included in the above statistics.
 - b) Misusers who appear to have psychiatric or medical conditions which make them incapable of caring for themselves will be referred to the appropriate agency to assess the patient's competency or ability to care for themselves.



(1) If it is determined that the patient is competent to make their own decisions or has the ability to care for themselves, this policy will be in effect in evaluating EMS usage.

c) Payment or non-payment of EMS services, gender, sexual orientation, socio-economic status, or physical/mental condition shall never be a factor when considering application of this policy.

B. Counseling

1. Once an EMS misuser is identified pursuant to Section II.A of this policy, the following agencies (as applicable) will be notified, if possible, to assist with management of the individual:
 - a) Appropriate law enforcement agency
 - b) The appropriate County Department of Social Services
 - c) The patient's primary care physician (if possible)
 - d) The Social Services department of the hospital of most frequent use
 - e) County Behavioral Health / Mental Health Services
 - f) County Adult Protective Services
 - g) County Substance Use Disorders Services
2. The misuser will be engaged by one of the aforementioned agencies on at least one occasion prior to suspension or alteration of ambulance transport services.
3. The EMS Agency, or its designee, will counsel the patient regarding the purpose, and appropriate use, of the EMS system.
4. The misuser will be provided a copy of this policy. This policy will be discussed with the misuser, and questions will be answered by EMS staff or their designee.

C. Suspension or Alteration of EMS

1. For persons who are identified as system misusers the following progressive response alterations may be considered:
 - a) Respond, evaluate and transportation to the closest appropriate emergency department
 - b) Respond, evaluate, and if no emergency medical condition is found, deny transportation
 - c) No EMS response
2. First Warning: During the initial counseling period, the misuser will be given a first



written warning of impending cancelation or alteration of EMS. This warning will be mailed by certified mail or hand delivered.

3. Second Warning: After 15 days, if the trend of use of the ambulance services continues to be excessive, a second written notice shall be mailed by certified mail or hand delivered.
4. After 30 days, if the trend of use of the ambulance services continues to be excessive, a third and final written notice shall be hand-delivered (Final Demand).
5. After a minimum of 40 days (or 10 days after the Final Demand is delivered), if the trend of use of the ambulance services continues to be excessive, a written notice shall be hand-delivered advising the misuser that ambulance transport privileges have been discontinued, and they will no longer receive an ambulance response or transport.

D. Appeals Process

1. The EMS Agency must be notified in writing by the misuser, or their representative, that EMS services should be continued. These requests can be made at any time; however, no more than two requests for appeal will be heard in any six-month period.
2. In order for the request for appeal to be found credible, the misuser must provide evidence that they can use EMS Resources responsibly.
3. If the request for appeal is found to be credible by the EMS Medical Director, the EMS Agency will schedule an Appeals Panel conference within 15 days where the misuser, or his representative, will present their evidence as to why EMS services should be re-instated.
4. Three representatives for Appeals Panel will be chosen by the EMS Agency. The panel members must have substantial EMS experience and will be chosen from hospital emergency departments, provider agencies, or first responder agencies that have the least contact with the misuser.
5. The decision of the Appeals Panel will be advisory to the EMS Medical Director, who will make the final determination if EMS services should be reinstated.

E. Reinstatement of EMS Response and Transport

1. If the EMS Medical Director reinstates EMS response and services, the EMS misuser will not be exempt from this policy.
2. A probationary period of 180 days will begin wherein the EMS Medical Director can implement an immediate suspension of ambulance privileges if the use of the ambulance services continues to be excessive.
3. After 180 days, a new 90-day period will begin, and EMS use will be monitored.



III. Identification of Misusers and Notification to Ambulance Providers

- A. When the EMS Medical Director determines that actions must be taken on an EMS misuser in accordance with this policy, the EMS Agency shall issue a Special Memorandum to ambulance providers, law enforcement and first responder agencies that will specifically identify the individual and provide any additional information, as necessary.

IV. EMS Provider Responsibility

- A. Upon contact with an EMS misuser, who is specifically determined to be a misuser by the EMS Medical Director, the ambulance personnel will make an initial scene assessment upon arriving on scene.

1. If the patient cannot sit unassisted, appears to be suffering from an acute behavioral health emergency, appears gravely disabled, meets trauma center criteria, or the paramedic recognizes a medical condition that requires immediate medical treatment, normal policies and procedures for patient assessment, treatment and transport shall be initiated. The EMS Medical Director may modify these criteria on a case-by-case basis.
2. If the patient does not meet the above criteria, the EMS crew will advise the individual of the following:

"You have been identified as misusing the ambulance system. The EMS Medical Director has suspended ambulance transport for you. You need to consider alternative transportation. If you feel this is in error, you can contact the EMS Agency at (831) 454-4120 or at hsaems@santacruzcounty.us. We are not transporting you to the hospital."

B. Field Documentation

1. A patient care report (PCR) shall be initiated with any patient managed under this policy. If an EMS misuser is denied EMS services under this policy, the PCR shall include the patient's name and a brief statement of why the patient was denied services (e.g., "Patient was ambulatory at scene" or "Patient could sit unassisted").
2. Whenever this policy is implemented EMS personnel shall mark "Yes" under Follow-up requested as described in the narrative as below.

Follow-up requested as described in the narrative:

No Yes

This check box is not intended for clinical quality, clinical followup or case review issues:

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